

SECTION XII. KEY POINTS

- According to the 2000 U.S. Census, Maricopa County is the fourth most populous county in the United States, with a population of 3,072,149, having grown 44.8% in the ten years between 1990 and 2000.
- There were 55,624 births in Maricopa County in 2001, an increase of 18% over the previous five years (see Table 2).
- Although Hispanics comprise only 27.2% of the women of childbearing age in the county, they have high birth rates, thus accounting for 41% of the births. Although still the highest birth rate among all races/ethnicities, the Hispanic birth rate decreased greatly from 1995 to 2001 (from 147.4 to 123.0 births per 1,000 Hispanic women between the ages of 15 and 44 years) (see Figures 5 and 11).
- The percentage of women giving birth with less than 12 years of education has increased slightly in the last five years from 28.4% to 31.0%. This proportion varied widely among races/ethnicities, from a low of 8.7% for Asians to a high of 56% for Hispanics (see Figures 13-14).
- The gap in infant mortality between mothers with less than 12 years of education and those with 12 years or more seems to be narrowing. However, those with less education still experience higher infant mortality (see Figure 40).
- The infant mortality rate steadily decreased from 1998 to 2001 to 6.2 per 1,000 live births. If this rate of decrease is sustained, Maricopa County should reach the HP2010 goal of 4.5 infant deaths per 1,000 live births by 2010.
- The proportion of births paid for by the Arizona Health Care Cost Containment System increased from 42.9% in 1999 to 43.9% in 2001. This could be a function of several factors, among them the economic downturn (unemployment rates increased in 2001) and the increased educational campaigns regarding enrollment in Kids Care as a result of Prop 204 (see Figure 15).
- 20.5% (11,404) of women delivering in 2001 did not enter prenatal care during their first trimester of pregnancy. Of those, 864 (1.6%) women did not have prenatal care and 1,897 (3.4%) began prenatal care in the third trimester (see Figure 20).
- From 1997 to 2001, there has been a slight improvement in the percentage of women with no prenatal care or with fewer than five prenatal care visits, from 6% to 5% (see Figure 24).
- Young age and low education level are risk factors for late entry into prenatal care, low birth weight, prematurity, and infant mortality (see Figures 22-23, 26, 28, 29, 32, 38-40, 45).
- Maricopa County mothers abstaining from cigarette and alcohol use during pregnancy has steadily increased from 1997 to 2001. Mothers have successfully reached the Healthy People 2000 and 2010 objective for alcohol abstinence of 95% each year from 1997 to 2001. They also reached the Healthy People 2000 objective for cigarette abstinence of 90%. The Maricopa County mothers have not reached the Healthy

People 2010 objective of 99% cigarette abstinence (see Figures 18-19).

- Women in the 40 and older age group experienced higher percentages of multiple births than all other age groups from 1997-2001, reaching a high of 7.3% in 2001 (see Figure 46).
- The percent of births to teens aged 15-17 years among all births has decreased from 5.4% to 4.5% from 1997 to 2001. Native American and Hispanic teens have the highest teen births rate (130.7 and 128.6, respectively) (see Figures 41 and 43).
- African Americans experience much higher rates of infant mortality (13.2 to 16.8 from 1997 to 2001) and higher percentages of low birth weight births (13.6% to 14.0% from 1997 to 2001) than all other race/ethnicities (see Figures 30-31, and 34-36).
- According to the Maricopa County data, women with low education levels tend to lack insurance and access to prenatal care, probably due to low incomes and low paying jobs. The data in this report suggest that they also have a greater risk of delivering a low birth weight baby and have a higher infant mortality rate.